

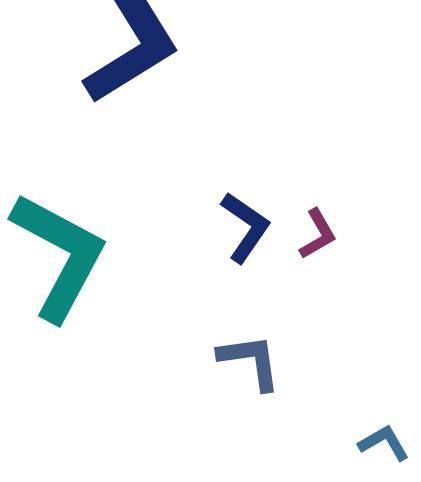
The WHO Council on the Economics of Health for All





The Council on the Economics of Health for All brings together different areas of policy which can no longer be considered separately from health: social, economic, financial and innovation policies.

The Council's mission is to bring health and well-being into the centre of how we think about purpose, value and development. It provides a new approach to shape the economy with the objective of building healthy societies that are just, inclusive, equitable and sustainable.



Health is a fundamental human right. A healthy population is not to be seen as human and social capital, an input, or by-product, towards economic growth. Investing in health is not a means to increase GDP or economic productivity; economic activity must be in service to human and planetary health. Alongside a healthy and sustainable environment, a healthy population must be the ultimate goal of economic activity.

Countries have come a long way in better prioritizing health; however, health continues to be viewed as a variable in the economic equation, a peripheral concern of economic policies or a cost, disassociated from its contribution to the social

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fabric and dynamics of a thriving and resilient society. This status quo view has led to where we are at present: a major health crisis has wiped out the gains from decades of global development, while exacerbating persistent inequities.

It is important to understand that investing for health is key to creating an inclusive economy, but also that – if Health for All is the overall goal – the economy must be restructured to serve it, calling existing framings, underlying assumptions and tools into question and finding alternatives. This requires a fundamental rethink of how value in health and well-being is measured, produced and distributed across the economy.

The challenge is to integrate that value into all policies in the articulation of economic growth, productivity and wealth, pursuing Health for All as the central focus to achieve this common good.

Critically, we need a new narrative that transforms financing for health from an expenditure to an investment in a "healthy society", grounded in fundamental truths, namely: that health and the economy are interdependent; that health is in itself a key economic sector but also a crosscutting lens through which to view many different sectors; that health is critical to the resilience and stability of economies worldwide; and that we can channel and shape public and private investments in health to achieve global cooperation towards supranational goals.

This broadened framing of health and investments in health will enable us to move from focusing on maximizing value for money within a given health budget through narrowly understood efficiency gains, towards creating a new political economy for Health for All. This is an ambitious agenda that foregrounds the investment in major social, economic, environmental and political determinants of health that have cumulative impacts and shape the trajectory of people's lives.

The Council will apply a mission-oriented approach to rethinking economics, putting upfront the vision of Health for All, including human and planetary health, and then working backwards to see what that means for the economy.

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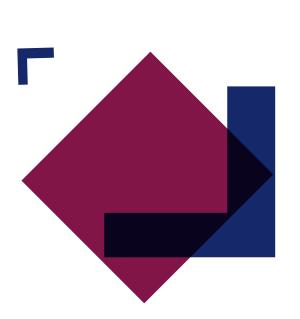
To that effect, the Council will assess, critique, challenge and reimagine the value of health by addressing key questions in four major interrelated areas:



MEASUREMENT:

Valuing and measuring Health for All.

How do we understand Health for All as a key objective of economic activity and wellbeing that is fundamental to the assessment of how countries design and prioritize policies and promote the common good? How do we better value the "human security" that comes from the reduction of both health threats (including pandemic and environmental risks) and financial risk for individuals, households, companies and societies? How are the current paradigms biased, and what needs to be changed? How do we apply new understandings to value the workers, carers and other key actors in the Universal Health Coverage (UHC) ecosystem? How do we ensure that all the time spent on unpaid and voluntary work subsistence, informal, voluntary, community, reproductive, care and household work - is counted and valued as a central feature of Health for All? How do we ensure that environmental, social and governance (ESG) metrics include health in a meaningful way?



CAPACITY:

A public sector leading towards Health for All.

How do we better capture the critical role of public sector leadership and capacity in generating health through action on social determinants and strengthening the dynamic capabilities inside the public sector to drive progress towards UHC, crystallizing new knowledge to drive transformative change? How do we create sustainable public sector structures to address evolving health and social care needs? What are the major strategic directions for economic policies that countries should pursue to drive equitable health gains and create a framework for a UHC economy? How do we structure and govern the way in which public and private sectors work together towards a shared goal of Health for All? This requires both shared global actions and ones that are more specific to local contexts.



FINANCE:

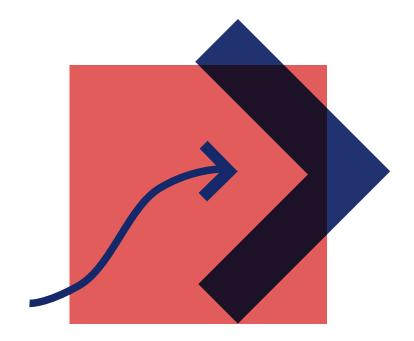
Investing in Health for All.

FINANCING for global commons:

How do we redesign national and global financial instruments and institutions to provide a proactive, stable and sustainable flow of investment to support the creation of health, rather than simply serving the needs of capital markets? This includes investing in the commons as an expression of the collective responsibility and capacity needed for public health at community, national, regional and global levels and building the preparedness and response capabilities necessary not only to avoid health crises but also to sustain UHC.

BUDGETING to address health needs:

How do we alter national budget processes to focus on outcomes that have an impact on people's lives and move away from silos that still exist between and within sectors? How do we establish the choice to increase domestic and cross-border investments in health, including in low-resource settings? How can national and international institutions be enabled and supported to provide the long-term finance needed for the transformation to Health for All? Fundamentally, which institutional arrangements must be altered to embed the intrinsic importance of Health for All for the future well-being of populations and communities?



INNOVATION:

Governing innovation towards Health for All.

How can we better govern the innovation system, from intellectual property rights to digitalization to new forms of collaboration between public and private sectors driven by collective intelligence (rather than rentseeking), and to financing? How can we change the health-innovation eco-system to achieve population health goals, building global health commons, ensuring fair and transparent pricing and improving health outcomes? Where have innovations in health - often perceived at the time as non-growth policies – spurred innovation across societies? How can a true understanding (and narrative) of how value is created collectively in health innovation translate into a more collective sharing of the rewards – including public health goals such as equitable access and improved health outcomes?

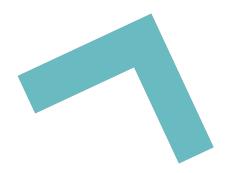
The Council, with its global experts chaired by Professor Mariana Mazzucato of University College London, will focus its work on delivering a seminal report around the Economics of Health for All, addressing the above four areas. It will be supported by a secretariat housed in WHO. It will also create interim outputs focused on achieving impact, and create a strong voice in ongoing international policy discussions.

The Council will create a transformative narrative on Health for All at the centre of a radical redirection of economic activity, and the implications this has for investment, innovation, industrial strategies and public sector capacity to deliver. It will share learning from across countries and communities on what can be done towards investing in and building healthier societies.

A key priority for the Council will be to engage proactively and directly with economic and financial leaders and organizations at international,



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national, regional and local levels, and weigh in on critical policy discussions related to building back better given Covid-19. We will address the immediate needs related to the epidemic, and the longer-run goals of strengthening preparedness and building long-run capacity around inclusive innovation systems. As such, the Council will seek to change the way key economic platforms, development banks, national leaders and their finance ministries think about and value health. This will require engagement beyond the traditional counterparts of WHO to reach Ministers of Finance, and Science & Technology, and Heads of State – a truly whole-of-government approach.

The Council aims to provide thought leadership and to be practice-oriented. To do so, it will assess the scope for piloting and scaling up activities outlined in the report, including country-led applications in a select number of locations with willing stakeholders. It will also look to explore different innovation and R&D models and their economic and health implications. This will most likely follow from the launch of the main report, but we will remain open to starting some of this work in parallel. This will include building a network of collaborators, identifying opportunities and strategies for local implementation and stakeholder engagement, and creating education/translation platforms, such as with the WHO Academy.

This transformative agenda will put health and well-being at the centre of new economic thinking and practical models towards driving much-needed change in our social, economic, financial and innovation policy-making. The time for action is now.

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The WHO Council on the Economics of Health for All was established on 13 November 2020 to provide guidance on the economics and health agenda of WHO. It is an independent council convened by **Dr Tedros Adhanom Ghebreyesus**, WHO Director-General

Council members and special guests

Professor Mariana Mazzucato (Chair)

Professor of the Economics of Innovation and Public Value and Founding Director in the Institute for Innovation and Public Purpose at University College London, United Kingdom

Professor Senait Fisseha

Globally recognized leader in reproductive health & rights, Director of Global Programs at the Susan T. Buffett Foundation & adjunct faculty at the University of Michigan, USA

Professor Jayati Ghosh

Taught Economics at Jawaharlal Nehru University, India, and is now Professor of Economics, University of Massachusetts at Amherst, USA

Vanessa Huang

Specialist in healthcare and investment banking, and is currently a General Partner at BVCF Management, Hong Kong, China

Professor Stephanie Kelton

Leading expert on Modern Monetary Theory and Professor of Economics and Public Policy at Stony Brook University, USA

Professor Ilona Kickbusch

Founding director and chair of the Global Health Centre

at the Graduate Institute of International and Development Studies, Switzerland

Zélia Maria Profeta da Luz

Public health researcher and was the Director of the Instituto René Rachou-Fiocruz Minas, Oswaldo Cruz Foundation from July 2012 to June 2021, Brazil

Kate Raworth

Creator of the Doughnut of social and planetary boundaries and is a Senior Associate at Oxford University's Environmental Change Institute, United Kingdom

Dr Vera Songwe

Under-Secretary-General of the United Nations and Executive Secretary of the Economic Commission for Africa (ECA), headquartered in Ethiopia

Dame Marilyn Waring

Former parliamentarian, an expert in gender and economics and is now Professor of Public Policy at AUT University, New Zealand

Special advisor to the Council's Chair:

Dr Els Torreele

International Medical Innovation & Access expert and Head of Health Policy, Institute for Innovation and Public Purpose at University College London

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This publication contains the collective views of the Council on the Economics of Health for All and does not necessarily represent the decisions or the policies of WHO.





#EconomicsHealthForAll

For further information:

https://www.who.int/groups/who-council-on-the-economics-of-health-for-all

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